

Mary Jane Amoss

CERTIFICATE OF DEATH

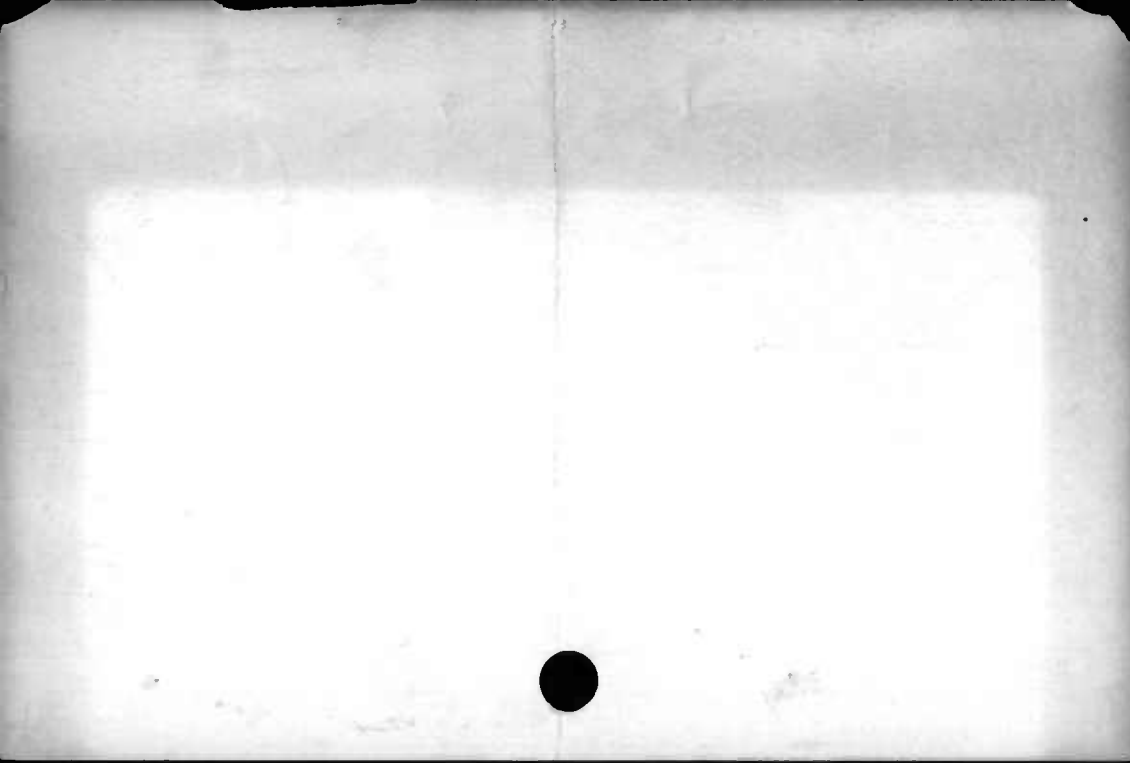
TO BE ANSWERED BY
NEAREST FRIEND

Died at - <i>Sykesville</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept.</i>	Day <i>28.</i>	Age <i>79</i>	Years <i>-</i>	Months <i>6</i>	Days <i>-</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto County</i>				
Married, Single or Widowed <i>Widow - 3 yrs.</i>	Occupation <i>House wife -</i>						
Name of Wife or Husband <i>Milton Amoss</i>							
Father's Name <i>Oberziah Sanders</i>		Father's Birthplace <i>Balto County</i>					
Mother's Maiden Name <i>Angeline Richards</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>W. H. Amoss.</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility 154</i>	How long <i>8 weeks</i>
Immediate <i>Heart failure</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James H. H. & Son</i>
	Address <i>West. Friendship</i>
Accident or Suicide? <i>-</i>	<i>Howard Dr</i>



Elias Barnes

Town *Potter* County *Carroll* MARYLAND

Died at

Date 19 *02* *Sept* *23* Age *78* *9* *14* Native of *Ind* Occupation *Farmer*

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of *Fannie Barnes*

~~Wife~~ *Fannie Barnes*

Father's Name *Raeon Barnes* Mother's Maiden Name *Emily Shipley*

Cause of Death { Primary *Cystitis* Immediate *Inflammatory cystitis*

How long sick *21 weeks*

Accident, Suicide, Homicide

Reported by *James M. Pickens Undertaker*

Address *Day Carroll County Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sydia A. B. B. B.
 Town

County

Died at

Sykesville

Carroll Co.

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Age

68.

Maryland Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Thos. Rackall

Mother's

Maiden Name

Miss Shoemaker

Cause of

Primary

Melancholia

How long sick

2 years

Death

Immediate

Gangrene of bowels.

Accident, Suicide, Homicide

Reported by

A. J. C. Clark

Address

Sykesville Md.

68

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant Bowen

Town

County

Died at

New Freedom Carroll

MARYLAND

Date

1902

Month

Day

Y

M.

D.

Native of

Occupation

Sept 1

Age

-- 4

Ind

None

Male

White

Married

Now

Divorced

Single

Widow

Number of children living

3

Husband

of

Wife

Father's

Name

Yes Bowen

Mother's

Name

Clara V. Plane

Cause of

Primary

How long sick

151 from Birth

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

Sarah Ann Hardy

Address

George Bowen

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Granville Brown
 Town _____ County _____
 Died at *Near New-Hickory Carroll Co.* MARYLAND

Date 189 *90* Month *SEP* Day *4th* Y. M. D. Native of *Maryland* Occupation *Labor*
 Male ☒ White Married ☒ Widowed ☐ Divorced
 Female ☐ Colored Single ☐ Widower Number of children living *Five*

Husband of *Mary Brown*
~~Wife~~

Father's Name *Samuel Brown* Mother's Name *unknown*

Cause of Death { Primary *Cerebral Palsy, the patient. Union School* How long sick *Eight months.*
Se

Death { Immediate *Uremia* Accident, Suicide, Homicide

Reported by *Dr. R. E. Hoff* 120

Address *Uniontown, Pa.*



Name in Full

Certificate of Death

Adam Drishel
 Town County

Died at Hampstead Connel

MARYLAND

Date 19 12 9-1 9 Y. M. D. Native of Pa. Occupation Bucklayer
 Male White Married Widow ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband
 of

~~Wife~~

Father's
 Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Tuberculosis

How long sick

18 mos.

~~Accident, Suicide, Homicide~~

Reported by

Edgar M. Bush M.D.

Address

Hampstead Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name in Full

Certificate of Death

Susaw R. Ebbert

Town

County

Died at

Berret

Carroll

MARYLAND

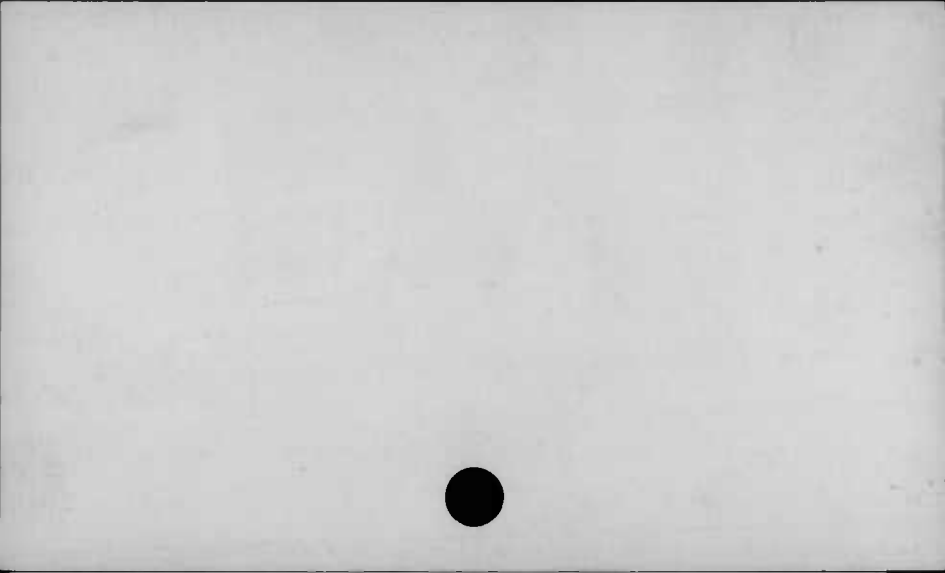
Date of death: ~~1902~~ ~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ ~~1~~
 Month: Sept- Day: 4 Y: 68 M: 1 D: 10 Native of: Berret, Md. Occupation: Housewife

~~Wife~~ of
 Father's Name: John Hermann
 Mother's Name: Mary W. Foot

Cause of death: Primary: Cerebral Hemorrhage
 Death: Immediate: Degeneration & Paralysis
 How long sick:
 Accident, Suicide, Homicide:
 Reported by: E. D. Crook M.D.
 Address: Winfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name in Full

Certificate of Death

woodbine Town

Clover E. Gillis
Carroll County

MARYLAND

Died at

Sept

Date 1902

Month

Sept

Day

2

Y.

M.

D.

2

Native of

md

Occupation

Male

White

Age

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's

Name

Amiel T. Gillis

Mother's

Maiden Name

Mattie Gillis

Cause of

Primary

Cholera Infantum

How long sick

14 weeks

Death

Immediate

Accident, Suicide, Homicide

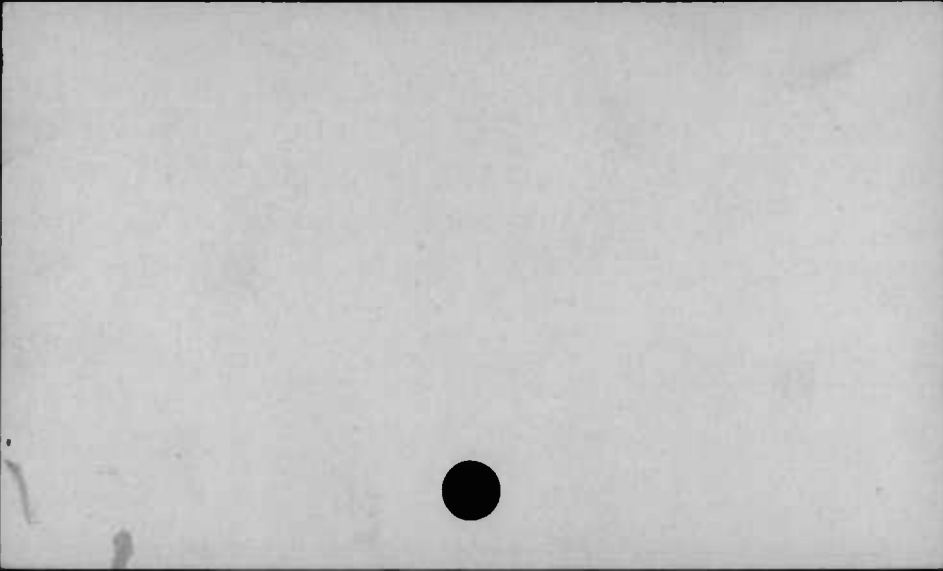
Reported by

James M. Pickett undertaker

Address

Woodbine Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

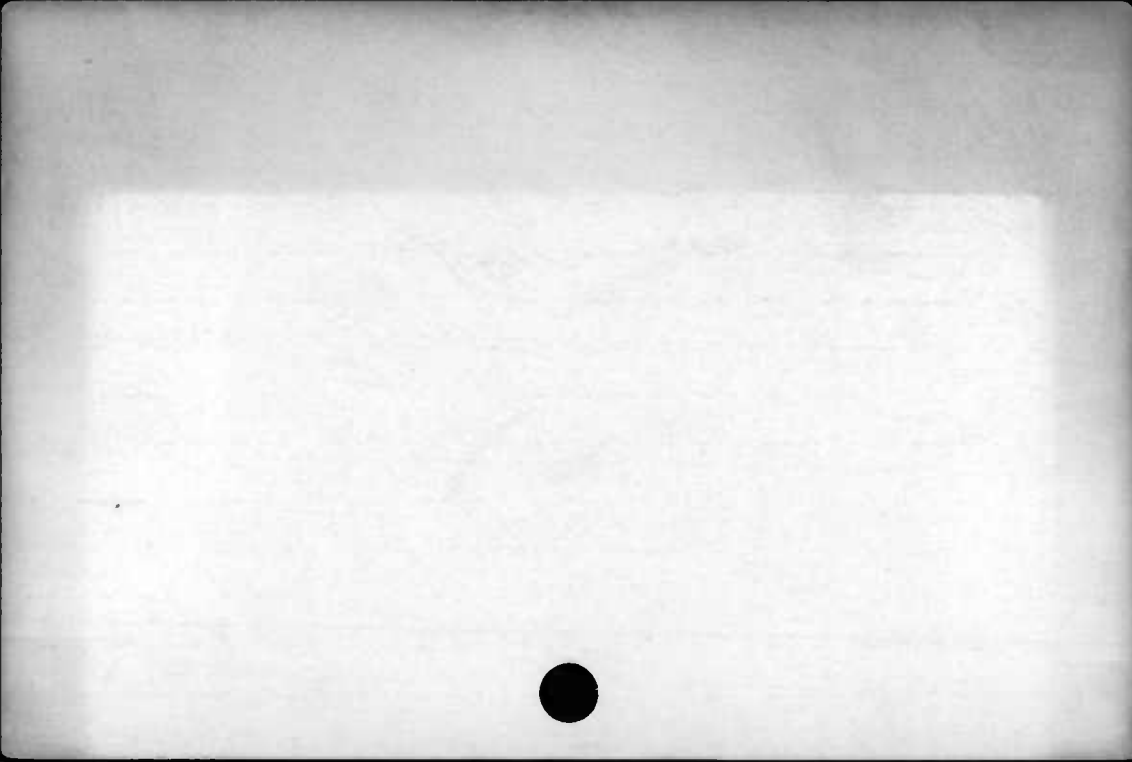
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nathan I Gorsuch</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Westminster</i>		Date of death 190 <i>2</i>		Age <i>81</i>		Months <i>10</i>	
Month <i>Sept</i>		Day <i>21</i>		Years <i>81</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Merchant</i>					
Name of Wife or Husband <i>Catharine Lerout</i>							
Father's Name <i>Nathan Gorsuch</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Kate Buckingham</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Samuel N New</i>		How related to deceased <i>Son-in-Law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>1st</i>
Immediate <i>Heart failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. H. Bellinger M.D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Henry Haggelt.

Town

County

Died at

Mt. Airy

Carroll

MARYLAND

Date 19

2 Sep. 19

Age

Y. M. D. 7 - 11d.

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
NameMother's
Maiden Name

Cause of

Primary

Brain Congestion

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

60

Mildred Johnson
 Town County
 Died at *Middleburg* *Carroll* MARYLAND

Date 19 *03* Month *9* Day *17* Y. M. D. Native of *Carroll* Occupation
 Male *White* *Married* *Widow* *Divorced*
 Female *Colored* *Single* *Widower* Number of children living

Husband of
 Wife

Father's Name *Mr. Johnson* Mother's Maiden Name *Alma Witzel*

Cause of Death { Primary *Meningitis* How long sick *4 days.*
 Immediate Accident, Suicide, Homicide

Reported by *W. L. Martin*
 Address *Johnson Bridge*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75895



Name In Full

Certificate of Death

75

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

25

Age

7

10

Carol

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Diphtheria

How long sick

15 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

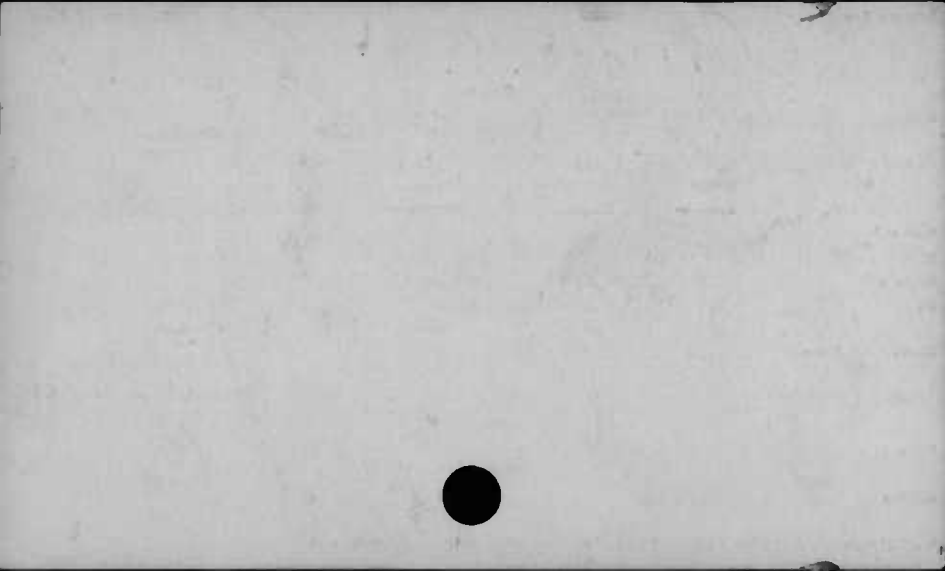
W. Thurston Brown M. D.

Address

Union Bridge.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

John J. McKinney
 Town *Middleburg* County *Carroll* MARYLAND

Died at *Carroll Co.* Occupation *—*
 Date 19 *02* Month *9* Day *15* Age *5* Y. *4* M. *—* D. *—* Native of *Carroll Co.*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *—*

Husband of *—*
 Wife of *—*

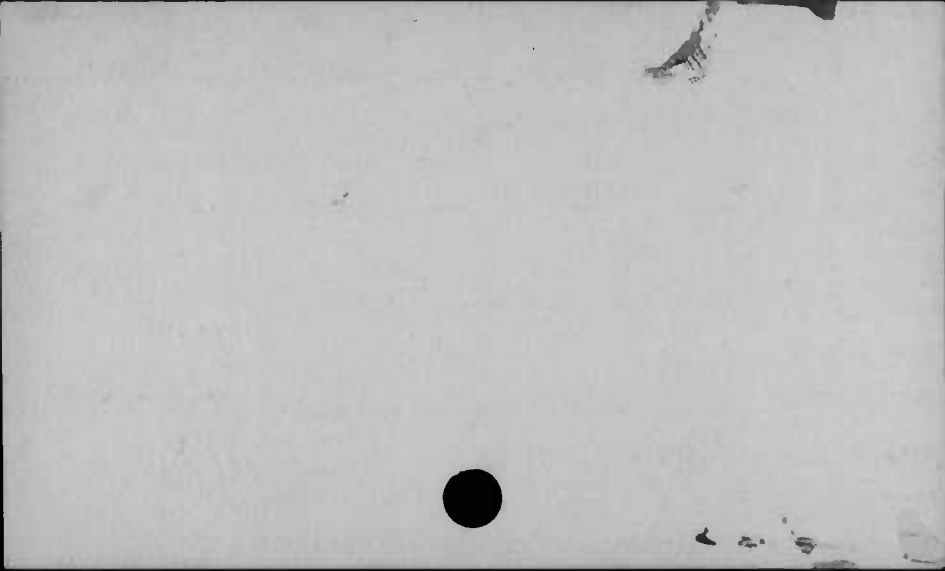
Father's Name *Chas McKenney* Mother's Name *Ada Coleman*

Cause of Death { Primary *Diphtheria* How long sick *10 days*
 Immediate Accident, Suicide, Homicide

Reported by *N. Decker Brown M.D.*

Address *Union Bridge*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Mopley
 Town *Springfield* County *Carroll Co* MARYLAND
 Died at *Springfield State Hospital*
 Date 1902 *Sept. 15* Y. M. D. *15* Native of *Baltimore* Occupation *Machinist*
 Male *White* Married *Widow* Divorced *Female* *Colored* Single *Widower* Number of children living

Husband of
 Wife

Father's
 Name

Mother's
 Maiden Name

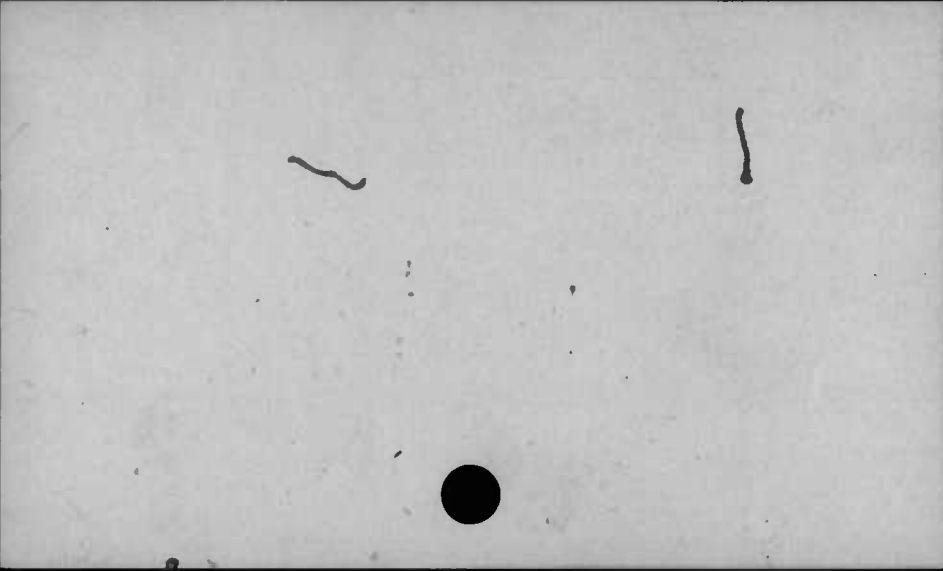
Cause of Death	Primary	<i>Pulmonary tuberculosis</i>	How long sick
	Immediate	<i>Exhaustion</i>	Accident, Suicide, Homicide

Reported by

Address

Dr. Chas J. Carey
Sykesville *Carroll Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Pauline L. Myers

Town

County

Died at

MARYLAND

1902
 Date 1902 2 Sep 24 Y. M. D. Age 8 3

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

0

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident~~ ~~Suicide~~ ~~Homeide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. _____
of _____

Information contained in this certificate
received from _____
of _____

Name
in
Full

Harry R Cursler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington</i>		Town		<i>Carroll</i>		County		MARYLAND	
Date of death 1902		Sept		30		Age 24		Months 1 Days 6	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>Butcher</i>							
Name of Wife or Husband _____									
Father's Name <i>Tobias Cursler</i>					Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Alretta Manning</i>					Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Alretta Cursler</i>					How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Endo Carditis-Pneumonia</i>		How long <i>48 hours</i>	
Immediate <i>Heart failure</i>		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas R Fongz MD</i>	
		Address <i>Washington Md</i>	
Accident or Suicide? _____			

Westminster

Name
in
Full

Roland Shirley Patterson

CERTIFICATE OF DEATH

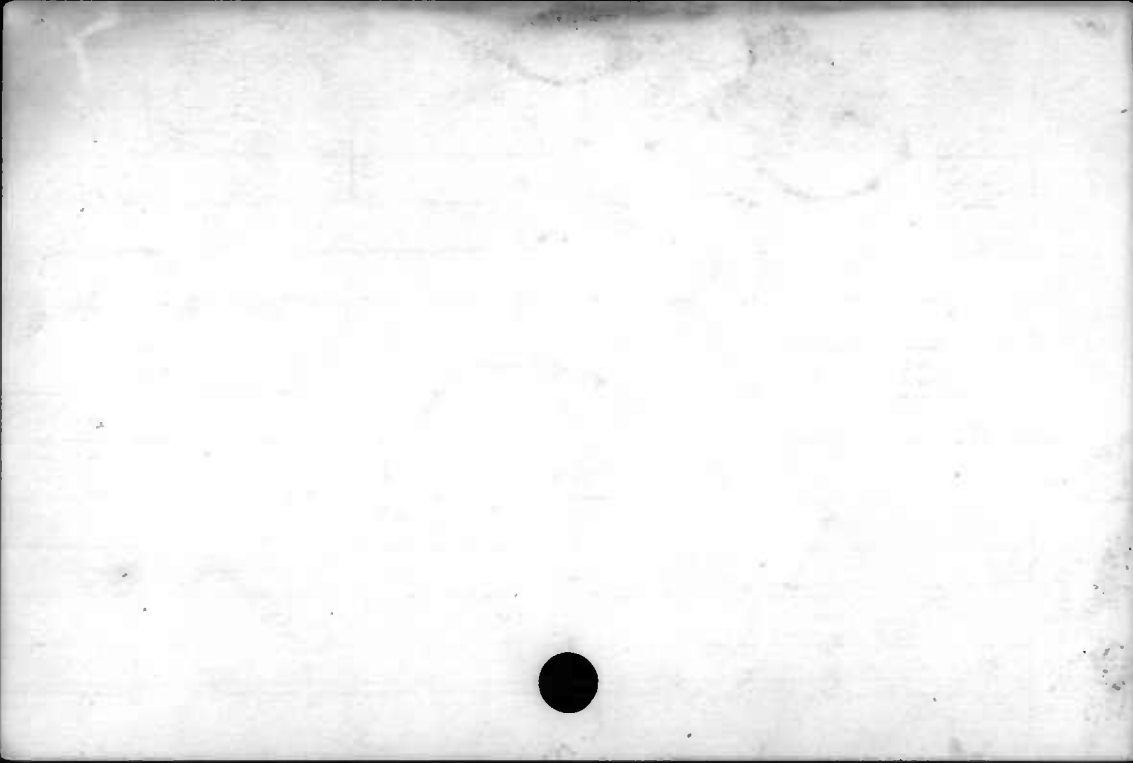
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Louisville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept</i>	Day <i>26</i>	Age	Years <i>7</i>	Months <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Md</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>John M. Patterson</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Clara Deeds</i>			Mother's Birthplace <i>Md</i>		
Name of person giving Information <i>J. M. Patterson</i>			How related to deceased <i>Father</i>		

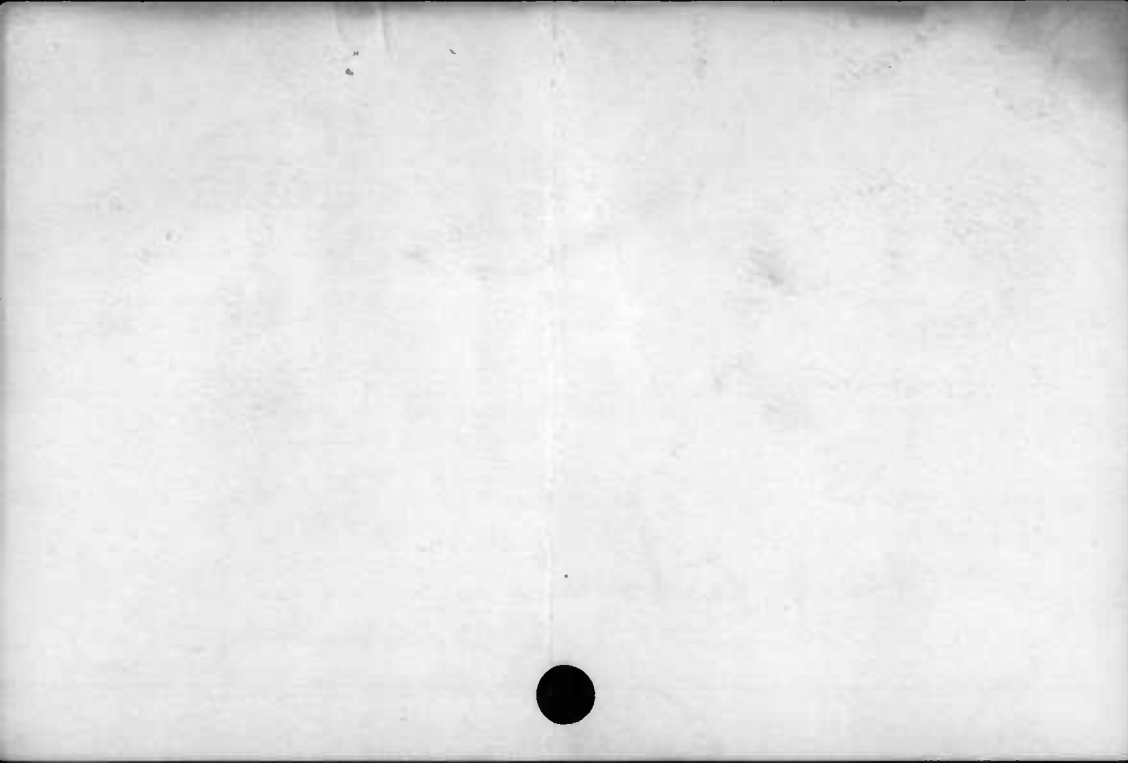
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Intestinal Catarrh</i>	How long <i>105</i>	<i>2 weeks</i>
Immediate <i>Heart failure</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. N. Goussard M.D.</i>	
	Address <i>Lumber Md</i>	
Accident or Suicide?		



Name in Full		Emanuel Pool				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>North Branch</i>		Town <i>Leannoll</i>		County		MARYLAND			
	Date of death 190 <i>2</i>		Month <i>9</i>		Day <i>20</i>		Years		Months <i>4</i>	Days <i>5</i>
	Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>North Carolina</i>					
	Married, Single or Widowed <i>_____</i>				Occupation <i>_____</i>					
	Name of Wife or Husband <i>_____</i>									
	Father's Name <i>Jos. Pool</i>				Father's Birthplace <i>N. Carolina</i>					
	Mother's Maiden Name <i>Linda Fields</i>				Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Jos. Pool</i>				How related to deceased <i>father</i>						
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary <i>Malaria.</i>				How long <i>4 Mos</i>					
	Immediate <i>Cholera Infantum</i>				How long <i>2 days.</i>					
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Mrs. E. F. Boltz</i>					
					Address <i>Sturmsville, Md.</i>					
Accident or Suicide? <i>_____</i>										



Name
in
Full

William E Prugh

CERTIFICATE OF DEATH

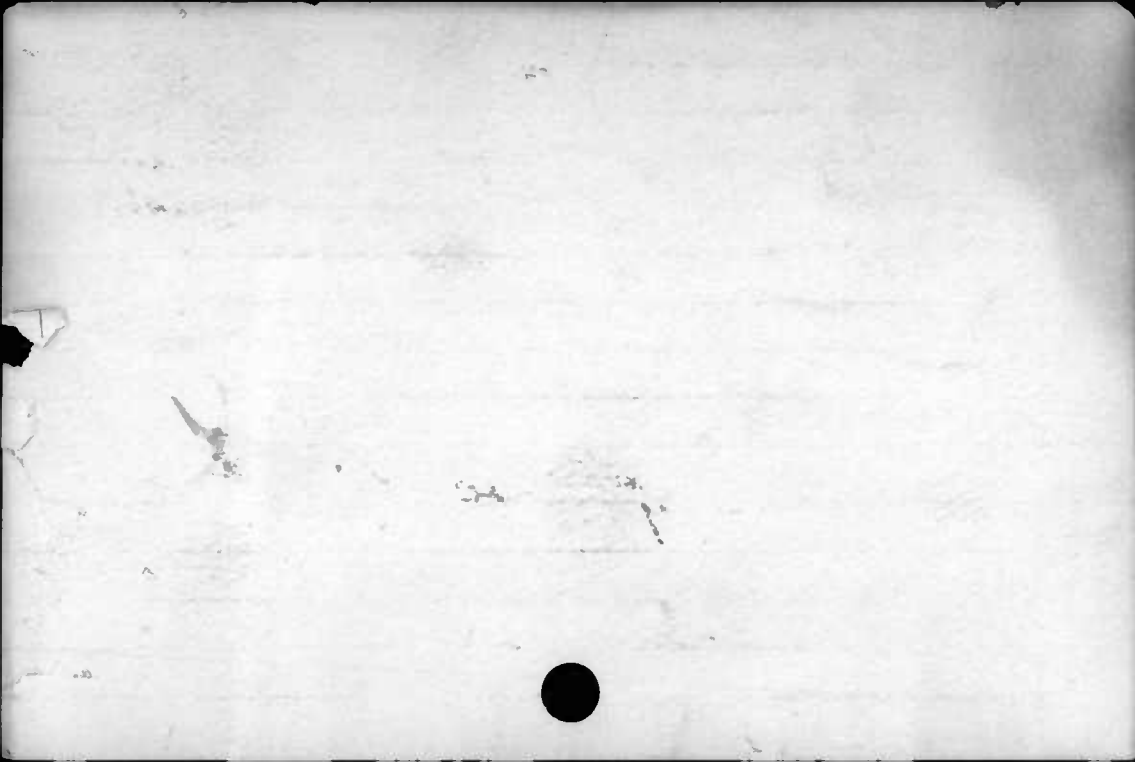
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death 190	<u>2</u> ^{Month}	<u>Sept</u> ^{Day}	<u>6</u> ^{Year}	Age <u>42</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>				
Name of Wife <u>Laura V Wolf</u>	<u>Husband</u>				
Father's Name <u>Elisha Prugh</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Larria Wagner</u>	How related to deceased				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>William Moore</u>
	Address <u>Coroner, Westminster, Carroll Co Md</u>
Accident or Suicide?	



Ellen Ridgely.

Died at "Springfield" Sykesville Carroll Co. MARYLAND

Date 1902 9 15 Age 19 2 17 Native of Md Occupation Nurse

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Typhoid fever. How long sick 27 days

Death { Immediate Hemorrhage from bowels. Accident, Suicide, Homicide

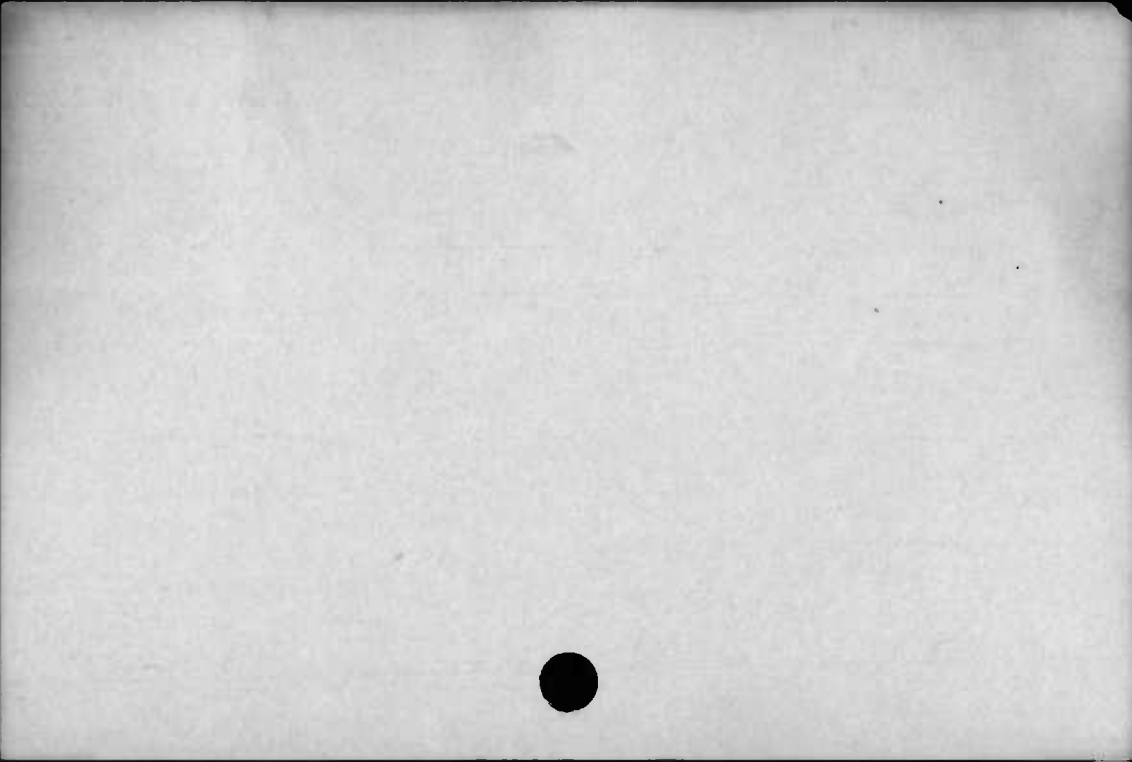
Reported by J. M. Thornton M.D.

Address Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>My City</i>		Town <i>My City</i>		County <i>Carroll</i>
	Date of death <i>1903</i>		Month <i>9</i>	Day <i>5</i>	Age <i>3</i>
	Sex <i>Male</i>		Color or Race		Birth-place
	Occupation		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband		
	Father's Name		Father's Birthplace		
	Mother's Maiden Name		Mother's Birthplace		
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary			How long	
	Immediate <i>Meningitis</i>			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>W. E. Guver</i>	
				Address <i>My City, Md.</i>	
Accident or Suicide?					



Name In Full

Certificate of Death

Died at Westminster ^{Town} Carroll ^{County} MARYLAND
 Date 1902 Sept 19 ^{Month} ^{Day} ^{Y.} ^{M.} ^{D.} 5- ^{Native of} ma ^{Occupation} ma
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Charles Rayer ^{Mother's} Fannie Bish.
 Maiden Name

Cause of Death { ^{Primary} Bronchitis 90 ^{How long sick} 2 hrs
 { ^{Immediate} MD ^{Accident, Suicide, Homicide} MD

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Milton Schaeffer

CERTIFICATE OF DEATH

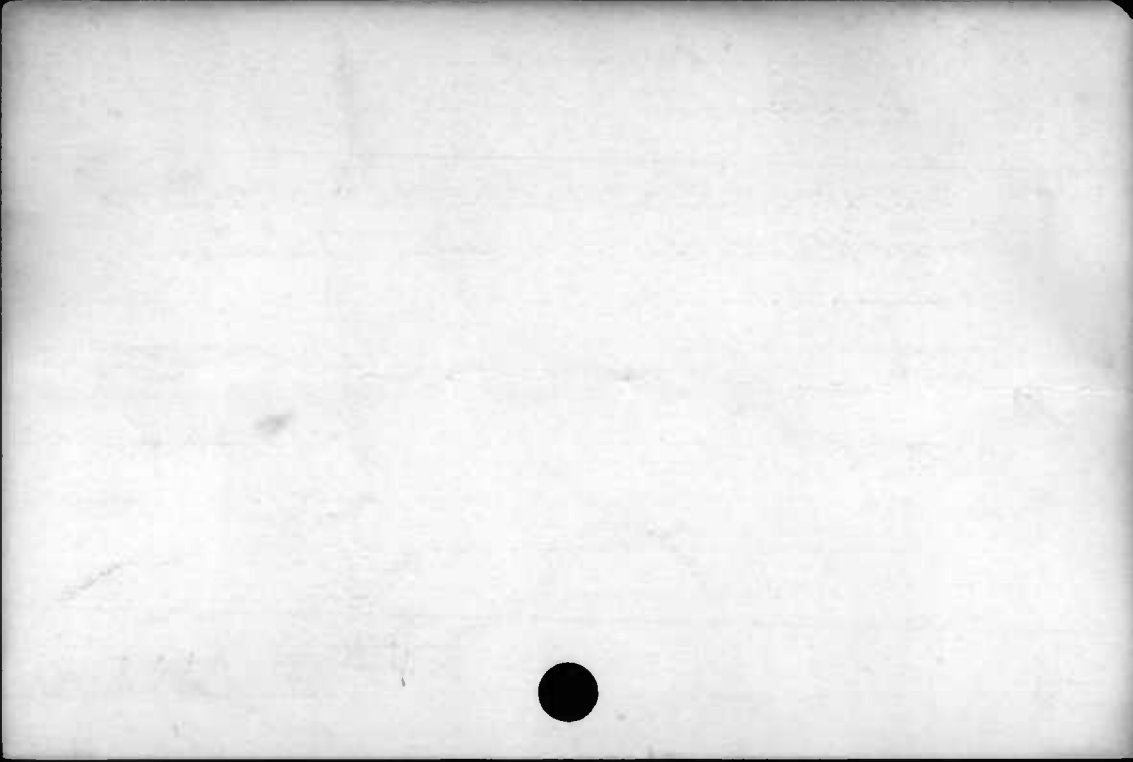
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
2		Sept	13	48	9	20	
Sex	Male		Color or Race	white		Birth-place	Maryland
Married, Single	Married		Occupation		Post Master		
Name of Wife		Mary Jacobarias					
Father's Name		George Schaeffer				Father's Birthplace	
Mother's Maiden Name		Catherine Leibel				Mother's Birthplace	
Name of person giving information		Edna Schaeffer				How related to deceased	
						Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Mel. Nephritis		How long	Six years
Immediate	Uremia		How long	Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lewis Woodruff, M.D.	
Yes		Address	Westminster, Maryland.	
Accident or Suicide?				



Town

County

MARYLAND

Died at

Near Mexico

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

9

Age

48

ma

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Daniel Sharner

Mother's

Maiden Name

Estelle Mathias

Cause of

Primary

Marasmus

How long sick

2 mos.

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Chas. R. Foutz, M.D.

Address

Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ephraim Smith

Town

County

Westminster

Carroll

MARYLAND

Died at

Date 19 02

Month

Day

9-11

Age

Y.

M.

D.

76 yrs

Native of

Md

Occupation

Retired

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living 2

Husband of

Maggie C. Smith

93

Wife

Father's

Name

Thomas Smith

Mother's

Maiden Name

Hannah Berry

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Heart trouble + exhaustion

Accident, Suicide, Homicide

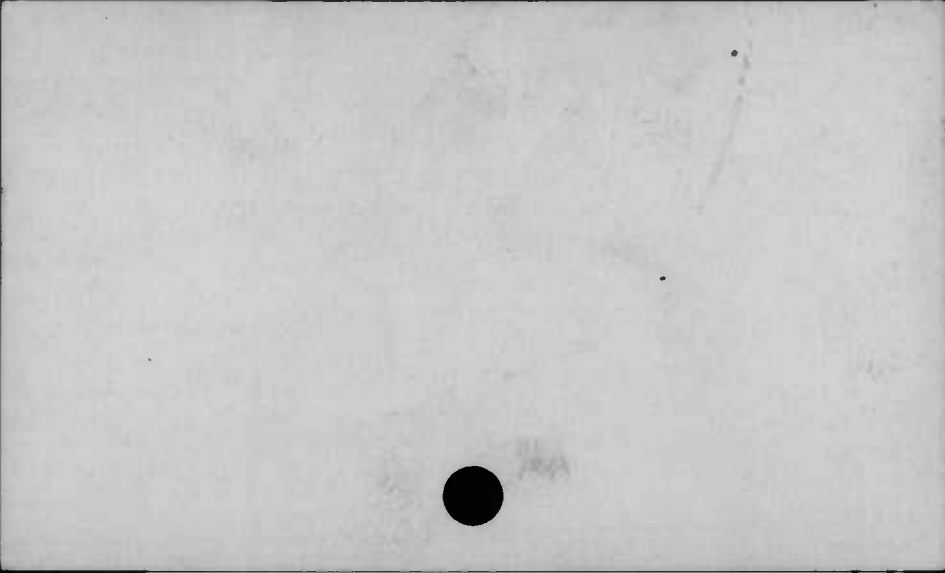
Reported by

Address

Wm. J. O'Connell M.D.
Westminster Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Samuel W. Stricker

CERTIFICATE OF DEATH

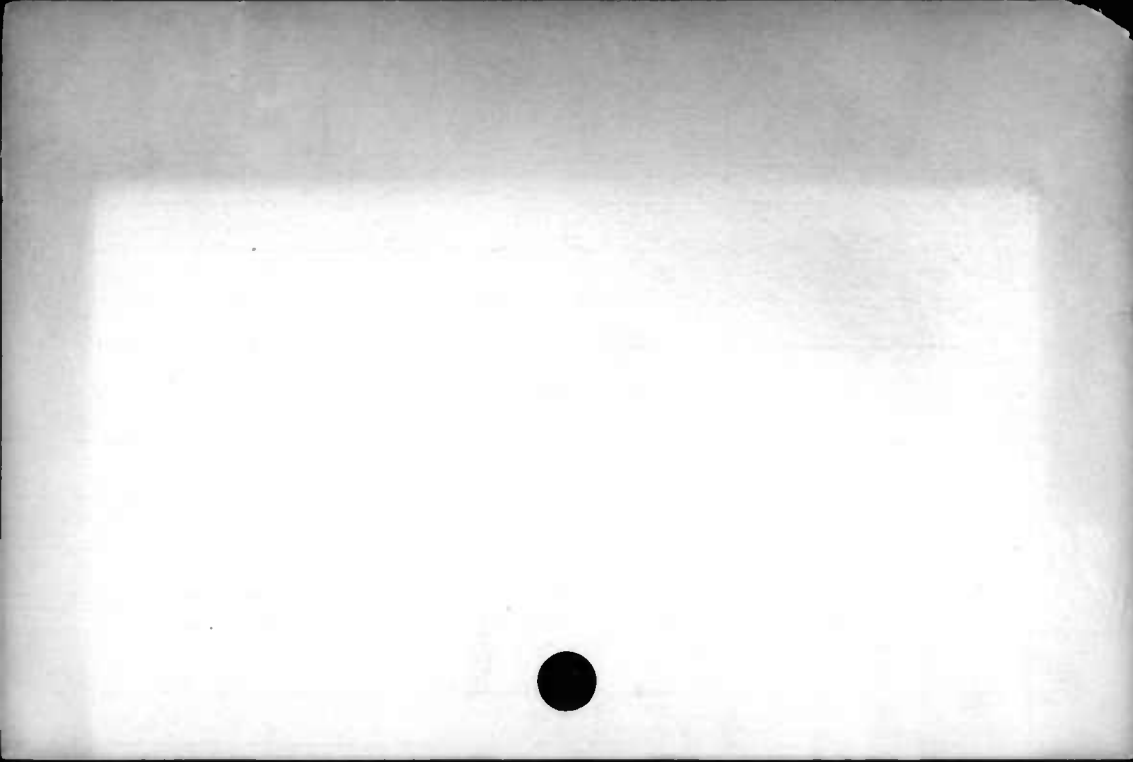
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gamber</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Sept</i>	Day <i>22</i>	Age <i>69</i> Years	Months <i>6</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Mary L. Barnes</i>					
Father's Name <i>Jacob Stricker</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Day</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Mary L Stricker</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of Stomach</i>	How long <i>4 weeks</i>
Immediate <i>Heart failure</i>	How long <i>104</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. N. Gouch</i>
	Address <i>Gamber</i>
	<i>Md</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

Mrs. Annie M. Study.

Town

County

Kump.

Cottrell

MARYLAND

Died at

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 19th

Age

58 3 8

Maryland

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

4

~~Husband~~

of

Wife

Father's

Name

Albert Study, 54

Mother's

Name

Cause of

Primary

Death

Immediate

Pericious Anaemia

How long sick

8 mos.

Accident, Suicide, Homicide

Reported by

Address

L. W. Weaver
Laneytown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

64

Thomas Houson

Town

County

Died at

Port Stiel

Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9 - 6

Age

73 - -

Maryland

Male

White

Married

~~Widow~~

Divorced

Female

Colored

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Chronic nephritis

How long sick

Two weeks

Death

Immediate

Oedema Lungs

Accident, Suicide, Homicide

Reported by

Luther Kemp et al,

Address

Mounton Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 72706



Pearlie May Warner,
 Town : County

Died at

Long

Carroll

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Earl Warner

Mother's

Name

Dead

Cause of

Primary

Take off

How long sick

1 day

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

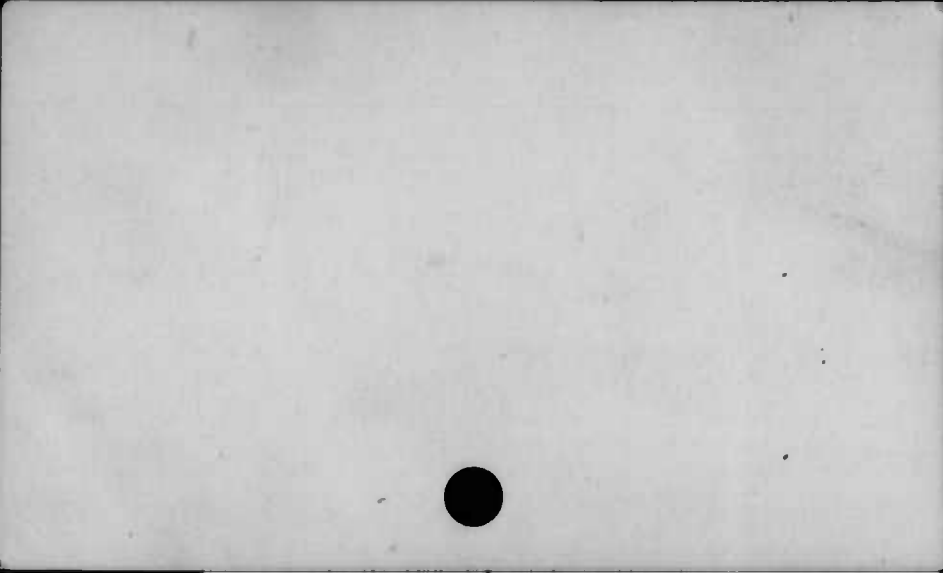
Reported by

J. P. Walz & Sons. F. N. + E. e

Address

Winfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Weimer

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept - 19

Age

46-6-2

Md

Cigar Maker

Male

White

~~Marr~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

Washington Weimer

Mother's

Maiden Name

Eliza Wolf

Cause of

Primary

Pulmonary Phthisis

How long sick

27

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

John D. Wells

Address

Weimer

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70836



Mary E. Wise

Died at ^{Town} *Snyderburg* ^{County} *Carroll* *MARYLAND*

Date 189 *1902* Month *Sept* Day *20* Age *28* Y. *6* M. *25* D. *25* Native of *Maryland* Occupation *Housewife*

☒ Male ☐ Female ☐ White ☐ Colored ☐ Married ☐ Single ☐ Widower ☐ Divorced

Number of children living *2*

Husband of *Edward Wise*

Father's Name *John Cooke* Mother's Name *1*

Cause of Death ☒ Primary *Typhoid Fever* ☐ Immediate *Collapse* How long sick *3 weeks*

Accident, Suicide, Homicide

Reported by *J. H. Sherman M.D.*

Address *Manchester Maryland*



Name In Full

Joseph Willie

Wolf

Town

County

Died at near Westminster

Carroll

MARYLAND

Date 1902	Month Sept	Day 15	Y.	M.	D.	Native of	Occupation
Male	White	Married			8	md	
Female		Single				Widow	
						Widower	
						Number of children living	

Husband of

Wife

Father's

Name

William Wolf

Mother's

Maiden Name

Jennie Hesson

Cause of

Primary •

Cerebral Hemiplegia

How long sick

6 hrs.

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. T. Hesson M.D. 175

Address

Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

